

WENF JAN 13 2014



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: ROCKAWAY BEACH
 permit # : MO-0108162
 County: TANEY

If Address Change is Requested: _____

PART II: MONITORING INFORMATION

For The Year of: 2013

Phone Number: (417) 561-4424

Date Due: ☐

1-28-14 <date>

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 18 From JAN to JAN
Results: Manholes Replaced: Yes ☐ No ☒ How many? _____
 If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☐ How many? _____
 If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: None From _____ to _____
Results: Lines Cleaned: Yes ☐ No ☐ How many? _____
 If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____
 Length of type of cleaning: Jet _____ Pig _____ Auger _____
Results: Number of Lines Replaced: None Number of Linear Feet: _____
 If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: None Number of Linear Feet: _____
 If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) No If so, Linear Feet Viewed: _____ From _____ to _____

4. Lampholes Observed: No Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: 0 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: 0 Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate 90,000 gallons/day Average Flow rate 70,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Edwin K. Galloway

Report Prepared by:

Edwin K. Galloway

Date:

11-12-2013

Owner Signature:

[Signature]

Phone:

417-561-4424

Return Form to: Missouri Department of Natural Resources
 Southwest Regional Office
 2040 West Woodland
 Springfield, MO 65807



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Bull Creek Village

permit #: MO 5048161

County: Taney

If Address Change is Requested:

PART II: MONITORING INFORMATION

For The Year of: 2013

Phone Number: 417-231-7418

Date Due: ☐
12-30-13

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 13 From 11-11-2012 to 11-30-2013

Results: Manholes Replaced: Yes ☐ No ☒ How many?

If so, Type of Manhole Replaced:

Results: Manholes Rehabbed: Yes ☐ No ☐ How many?

If so, Type of Manhole Rehabbed:

2. Smoke Testing:

Linear Feet of Lines Tested: From to

Results: Lines Cleaned: Yes ☐ No ☒ How many?

If so, How was Line Cleaned: Jet Pig Auger

Length of type of cleaning: Jet Pig Auger

Results: Number of Lines Replaced: Number of Linear Feet:

If so, Type of Line Replaced:

If different then original, replaced with what type?

Results: Number of Lines Rehabbed: Number of Linear Feet:

If so, Type of Line Rehabbed:

3. CCTV (Closed Circuit) If so, Linear Feet Viewed: ~~1000~~ From to

4. Lampholes Observed: Number: # Replaced: #

5. Total # of Sewer System Overflows: Dry Weather Wet Weather

6. Total # of Basement Backflows: Dry Weather Wet Weather

7. Total # of linear feet of lines for collection system including force mains: 7miles gravity, 6 miles force

8. Peak Flow rate 96,000 gallons/day Average Flow rate 46,358 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Report Prepared by:

Date:

Thomas Felton

Sherrie Anderson

12/9/2013

Owner Signature:

Phone: 417-561-1111

Sherrie Anderson

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



MISSOURI Department of NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

City: MERRIAM WOODS

Permit #: MO-0108162

County: TANEY

If Address Change is Requested: _____

PART II: MONITORING INFORMATION

For The Year of: 2013

Phone Number: (417) 561-4341

Date Due: 1/28/14 <date> ☐

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 15 From 02/2013 to 11/30/2013

Results: Manholes Replaced: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 0 From _____ to _____

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) 0 If so, Linear Feet Viewed: _____ From _____ to _____

4. Lampholes Observed: 0 Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: 0 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: 0 Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate _____ gallons/day Average Flow rate 100,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Report Prepared by:

Date:

THOMAS FELTON

Pam Attwell

12/26/2013

Owner Signature:

Phone:

Pam Attwell

(417) 561-4341

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

WENF DEC 27 2012



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: ROCKAWAY BEACHpermit #: MO 0108162County: TANEYIf Address Change is Requested: ☐

PART II: MONITORING INFORMATION

For The Year of: 2012Phone Number: 417-561-4424Date Due: ☐1-28-12 <date>

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 5 From Oct, 2012 to Dec 2012Results: Manholes Replaced: Yes ☐ No ☒ How many? If so, Type of Manhole Replaced: Results: Manholes Rehabbed: Yes ☐ No ☐ How many? If so, Type of Manhole Rehabbed:

2. Smoke Testing:

Linear Feet of Lines Tested: NONE From to Results: Lines Cleaned: Yes ☐ No ☐ How many? If so, How was Line Cleaned: Jet Pig Auger Length of type of cleaning: Jet Pig Auger Results: Number of Lines Replaced: NONE Number of Linear Feet: If so, Type of Line Replaced: If different then original, replaced with what type? Results: Number of Lines Rehabbed: NONE Number of Linear Feet: If so, Type of Line Rehabbed: 3. CCTV (Closed Circuit) NO If so, Linear Feet Viewed: From to 4. Lampholes Observed: NO Number: # Replaced: # 5. Total # of Sewer System Overflows: 0 Dry Weather Wet Weather 6. Total # of Basement Backflows: 0 Dry Weather Wet Weather 7. Total # of linear feet of lines for collection system including force mains: 8. Peak Flow rate 150,000 gallons/day Average Flow rate 90,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Edwin K. Godley

Report Prepared by:

Edwin K. Godley

Date:

12-13-2012

Owner Signature:

Phone:

417-561-4424

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Merriam Woods

permit #: MO

County: Taney

If Address Change is Requested:

PART II: MONITORING INFORMATION

For The Year of: 2012

Phone Number: 417-561-4341

Date Due:

1/2013 <date>

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 0 From to

Results: Manholes Replaced: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 0 From to

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) 0 If so, Linear Feet Viewed: From to

4. Lampholes Observed: 0 Number: # Replaced: #

5. Total # of Sewer System Overflows: 0 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: 0 Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate _____ gallons/day Average Flow rate 100,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Report Prepared by:

Date:

Angela D. Leist

12/21/2012

Owner Signature:

Phone:

Angela D. Leist

417 561-4341

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Bull Creek Village
permit #: MO 5048161
County: Taney

If Address Change is Requested: _____

PART II: MONITORING INFORMATION

For The Year of: 2012

Phone Number: 417-231-7418

Date Due: 12-28-12 ☐ <date>

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 13 From 11-1-11 to 11-30-12

Results: Manholes Replaced: Yes ☐ No ☒ How many? _____
If so, Type of Manhole Replaced: 2 Lids + Seals replaced

Results: Manholes Rehabbed: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: _____ From _____ to _____
Results: Lines Cleaned: Yes ☐ No ☒ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____
Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) If so, Linear Feet Viewed: 1200 From June to July

4. Lampholes Observed: Number: # Replaced: #

5. Total # of Sewer System Overflows: 0 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: 7 miles Gravity, 6 miles Force

8. Peak Flow rate 96,000 gallons/day Average Flow rate 46,358 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Thomas Felton

Report Prepared by:

Shirley Anderson

Date:

12-12-12

Owner Signature:

Shirley Anderson

Phone:

417-561-1111

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Rockaway Beach
permit #: MO 0108162
County: TANEY

If Address Change is Requested: _____

PART II: MONITORING INFORMATION

For The Year of: 2012

Phone Number: 417-561-4424

Date Due: ☐

10-1-12 <date>

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 8 From Apr to Sept

Results: Manholes Replaced: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: NONE From _____ to _____

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: NONE Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: NONE Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) No If so, Linear Feet Viewed: _____ From _____ to _____

4. Lampholes Observed: No Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: 0 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: 0 Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate 150,000 gallons/day Average Flow rate 90,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Report Prepared by:

Date:

Edwin K. Galloway

Edwin K. Galloway

9-25-2012

Owner Signature:

Phone:

[Signature]

417-561-4424

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Bull Creek Village If Address Change is Requested:permit #: MO 5048101County: Taney

PART II: MONITORING INFORMATION

For The Year of: 2012Phone Number: 417-231-7418

Date Due:

10-1-12 <date>

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 2 From _____ to _____Results: Manholes Replaced: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 2 From _____ to _____Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit)

If so, Linear Feet Viewed:

From _____ to _____

4. Lampholes Observed:

Number: #

Replaced: #

5. Total # of Sewer System Overflows:

Dry Weather

2 Wet Weather 2

6. Total # of Basement Backflows:

Dry Weather

2 Wet Weather 2

7. Total # of linear feet of lines for collection system including force mains:

8. Peak Flow rate _____ gallons/day Average Flow rate _____ gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

THOMAS FELTON

Report Prepared by:

Sherrie Anderson

Date:

9-24-12

Owner Signature:

Phone:

Sherrie Anderson417-561-1111Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city:	If Address Change is Requested:
permit # : MO	
County:	

PART II: MONITORING INFORMATION

For The Year of: 10/2012	Phone Number: (417) 561-4341	Date Due: 10/1/12 <date> <input type="checkbox"/>
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PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 0 From _____ to _____
Results: Manholes Replaced: Yes ☐ No ☐ How many? _____
If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☐ How many? _____
If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 0 From _____ to _____
Results: Lines Cleaned: Yes ☐ No ☐ How many? _____
If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____
Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____
If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____
If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) 0 If so, Linear Feet Viewed: From _____ to _____

4. Lampholes Observed: 0 Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: 0 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: 0 Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate _____ gallons/day Average Flow rate 100000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)	Report Prepared by: <u>Angela D. Leist</u>	Date: <u>9/21/2012</u>
Owner Signature: <u>Angela D. Leist</u>	Phone: <u>(417) 561-4341</u>	

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

WENT REC'D MAY 23 2011



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: City of Rockaway Beach
permit #: MO 0109162
County: TANEY

If Address Change is Requested:

PART II: MONITORING INFORMATION

For The Year of: Nov 2010 - Apr 2011 Phone Number: 417-561-4424 Date Due: Apr 2011

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 14 From Nov 2010 to Apr 2011
Results: Manholes Replaced: Yes ☐ No ☒ How many? NONE
If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☒ How many? NONE
If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: NONE From _____ to _____
Results: Lines Cleaned: Yes ☐ No ☐ How many? _____
If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____
Length of type of cleaning: Jet _____ Pig _____ Auger _____
Results: Number of Lines Replaced: _____ Number of Linear Feet: _____
If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____
If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) NO If so, Linear Feet Viewed: _____ From _____ to _____

4. Lampholes Observed: NO Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: NONE Dry Weather _____ Wet Weather _____
6. Total # of Basement Backflows: NONE Dry Weather _____ Wet Weather _____
7. Total # of linear feet of lines for collection system including force mains: 57,650
8. Peak Flow rate 350,000 gallons/day Average Flow rate 180,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed) Edwin K. Godley Report Prepared by: Edwin K. Godley Date: 3-23-2011

Owner Signature: [Signature] Phone: 417-561-4424

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807



MISSOURI Department OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: Merriam Woods Village If Address Change is Requested: _____

permit #: MO n/a

County: Taney

PART II: MONITORING INFORMATION

For The Year of: _____

Phone Number: (417) 561-4341

Date Due: ☐

<date>

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: _____ From _____ to _____

Results: Manholes Replaced: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☒ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 0 From _____ to _____

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet _____ Pig _____ Auger _____

Length of type of cleaning: Jet _____ Pig _____ Auger _____

Results: Number of Lines Replaced: _____ Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results: Number of Lines Rehabbed: _____ Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) n/a If so, Linear Feet Viewed: _____ From _____ to _____

4. Lampholes Observed: n/a Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate _____ gallons/day Average Flow rate 86,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed) _____

Report Prepared by: Angela D. Leist

Date: 3/31/2011

Owner Signature: _____

Phone: (417) 561-4341

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

**MISSOURI Department OF NATURAL RESOURCE
DIVISION OF ENVIRONMENTAL QUALITY**

I & I Report

PART I: FACILITY INFORMATION

city: Bull Creek Village

permit #: MO-0108162

County: Taney

If Address Change is Requested:

PART II: MONITORING INFORMATION

For The Year of: Oct 2010-April 2011

Phone Number: 417-818-2879

Date Due: April <date> 2011

PART III: REPORTING INFORMATION

1. Manhole Observation:

Number Observed: 13 From Oct 2010 to April 2011

Results: Manholes Replaced: Yes ☐ No ☐ How many?

If so, Type of Manhole Replaced:

Results: Manholes Rehabbed: Yes ☐ No ☐ How many?

If so, Type of Manhole Rehabbed:

2. Smoke Testing:

Linear Feet of Lines Tested: 0 From to

Results: Lines Cleaned: Yes ☐ No ☐ How many? 0

If so, How was Line Cleaned: Jet Pig Auger

Length of type of cleaning: Jet Pig Auger

Results: Number of Lines Replaced: Number of Linear Feet:

If so, Type of Line Replaced:

If different then original, replaced with what type?

Results: Number of Lines Rehabbed: Number of Linear Feet:

If so, Type of Line Rehabbed:

3. CCTV (Closed Circuit) ☒

If so, Linear Feet Viewed: From to

4. Lampholes Observed: ☒

Number: # Replaced: #

5. Total # of Sewer System Overflows: 2 Dry Weather X Wet Weather

6. Total # of Basement Backflows: 0 Dry Weather Wet Weather

7. Total # of linear feet of lines for collection system including force mains:

8. Peak Flow rate 100,000 gallons/day Average Flow rate 45,000 gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)

Thomas Felton

Report Prepared by:

T. FELTON

Date:

3/31/11

Owner Signature:

Shirley Anderson

Phone:

417-561-1111

**Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807**

WENF Rec'd NOV 01 2010
WENF Rec'd NOV 01 2010

CITY OF ROCKAWAY BEACH

Rockaway Beach, Missouri 65740

Office of the City Clerk
P.O. Box 315
Telephone (417) 561-4424
Fax (417) 561-6025
rockawaycity@suddenlinkmail.com

October 26, 2010

Ms. Cynthia Sans
Water, Wetlands and Pesticides Division
U.S. Environmental Protection Agency – Region 7
901 North Fifth Street
Kansas City, KS 66101

RE: Rockaway Beach Regional Sewer Plant – Permit No. MO-0108162
I & I Report for October 2010

To Whom It May Concern:

On October 11, 2010, a letter was sent to each of the entities, Merriam Woods and Bull Creek, to help me in filling out our Bi-Annual I & I Report correctly. Both Merriam Woods and Bull Creek own and maintain their in-city collection systems. A copy of the request letter was copied to both DNR and EPA, however I am enclosing an additional copy of this letter for your records.

As of this date I have only received a response from Bull Creek Village, which is enclosed with our (Rockaway Beach) report.

If you have any questions, please do not hesitate to let me know.

Sincerely yours,



Thomas Felton

"In the Heart of the Missouri Ozarks on Lake Taneycomo"

CITY OF ROCKAWAY BEACH

Rockaway Beach, Missouri 65740

Office of the City Clerk
P.O. Box 315
Telephone (417) 561-4424
Fax (417) 561-6025
rockawaycity@suddenlinkmail.com

October 11, 2010

City of Rockaway Beach
Village of Bull Creek
Village of Merriam Woods

RE: Rockaway Beach Regional Sewer Plant – Permit Number MO-0108162
Missouri Department of Natural Resources required **I and I Report**

To Whom It May Concern:

Under our permit number captioned above, we are required to submit bi-annual (April and October) I & I Reports to the Department of Natural Resources on the internal sewer collection systems for all entities using the Regional Plant.

As each entity owns and maintains their individual collection system, it is necessary that you complete and return this I and I report to me as soon as possible so I can include it in our October report. A form is included for you to complete and return to my attention.

Thank you in advance for your prompt attention to this matter and if I can be of help in anyway, please let me know.

Sincerely yours,



Thomas Felton
Rockaway Beach Regional
Sewer Plant

Cc: Missouri Department of Natural Resources
US Environmental Protection Agency Region 7

"In the Heart of the Missouri Ozarks on Lake Taneycomo"

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city: VILLAGE OF BULL CREEK If Address Change is Requested: _____
permit # _____
County: Taney

PART II: MONITORING INFORMATION

For The Year of: _____ Phone Number: _____ Date Due: _____

PART III: REPORTING INFORMATION

1. Manhole Observation: PLAN TO RAISE 5 MANHOLES UP TO GROUND LEVEL.

Number Observed: 5 UNDER ASPHALT From LATE MAY 2010 to MIDDLE OF JUNE 2010

Results: Manholes Replaced: Yes ☐ No ☒ How many? 0

If so, Type of Manhole Replaced: _____

Results: Manholes Rehabbed: Yes ☐ No ☐ How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 1500' - 2000' From MAY 2010 to JUNE 2010

Results: Lines Cleaned: Yes ☐ No ☐ How many? _____

If so, How was Line Cleaned: Jet Pig Auger

Length of type of cleaning: Jet Pig Auger

Results: Number of Lines Replaced: 0 Number of Linear Feet: _____

If so, Type of Line Replaced: IN SMOKE TESTING THE VILLAGE WE FOUND

SEVERAL ISSUES, AS OF OCT 1 2010 WE HAVE TAKEN THE

If different then original, replaced with what type?
APPROPRIATE STEPS TO CORRECT ALL PROBLEMS,
CUSTOMER OR CITY ISSUES...

Results: Number of Lines Rehabbed: 0 Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) N/A If so, Linear Feet Viewed: _____ From _____ to _____

4. Lampholes Observed: N/A Number: # _____ Replaced: # _____

5. Total # of Sewer System Overflows: 0 Dry Weather _____ Wet Weather _____

6. Total # of Basement Backflows: 0 Dry Weather _____ Wet Weather _____

7. Total # of linear feet of lines for collection system including force mains: 10000 7 miles gravity lines

8. Peak Flow rate 65,000 gallons/day Average Flow rate 45-50,000 Gallons/day FORCE

PART V: CONTACT INFORMATION

Operator Name: (Printed) _____ Report Prepared by: _____ Date: _____

THOMAS FELTON THOMAS FELTON 10/22/10

Owner Signature: _____ Phone: _____

Shirley Anderson (417) 561-1111

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807

MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL QUALITY

I & I Report

PART I: FACILITY INFORMATION

city:	City of Rockaway Beach	If Address Change is Requested:
permit #	MO0108162	
County:	Taney	

PART II: MONITORING INFORMATION

For The Year of:	2010 Apr to Oct	Phone Number:	417-561-4124	Date Due:	July 28, 2010
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PART III: REPORTING INFORMATION

1. Manhole Observation: 8

Number Observed:

From

Apr. 2010

to

Oct. 2010

Results:

Manholes Replaced:

Yes ☐

No ☒

How many? _____

If so, Type of Manhole Replaced: _____

Results:

Manholes Rehabbed:

Yes ☐

No ☒

How many? _____

If so, Type of Manhole Rehabbed: _____

2. Smoke Testing:

Linear Feet of Lines Tested: 1350 ft.

From

VENUE AVE & Benton St
MAY 18, 2010 to 1-day

Results:

Lines Cleaned:

Yes ☐

No ☒

How many? _____

If so, How was Line Cleaned:

Jet

Pig

Auger

Length of type of cleaning:

Jet

Pig

Auger

Results:

Number of Lines Replaced:

None

Number of Linear Feet: _____

If so, Type of Line Replaced: _____

If different then original, replaced with what type? _____

Results:

Number of Lines Rehabbed: _____

Number of Linear Feet: _____

If so, Type of Line Rehabbed: _____

3. CCTV (Closed Circuit) No

If so, Linear Feet Viewed: _____

From _____

to _____

4. Lampholes Observed: No

Number: # _____

Replaced: # _____

5. Total # of Sewer System Overflows: None

Dry Weather

Wet Weather

6. Total # of Basement Backflows: None

Dry Weather

Wet Weather

7. Total # of linear feet of lines for collection system including force mains: _____

8. Peak Flow rate 350,000

gallons/day

Average Flow rate

57,650
180,000

Gallons/day

PART V: CONTACT INFORMATION

Operator Name: (Printed)	Report Prepared by:	Date:
<u>Edwin R. Godley</u>	<u>Edwin R. Godley</u>	<u>10/18/2010</u>
Owner Signature:	Phone:	
<u>[Signature]</u>	<u>417-561-4124</u>	

Return Form to: Missouri Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807